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ABSTRACT

This publication is directed toward school nurses, school administrators, nurse educators, and others concerned with the health of children and youth. The purposes of this brief report are to state the National Council for School Nurses' beliefs and recommendations about several key areas important in the preparation of school nurses, and to raise questions about issues needing further discussion and study. To accomplish these objectives, this publication presents: (1) some basic premises; (2) forces influencing school nursing; (3) a brief description of nursing education as it is today, with consideration for the future, and; (4) a brief review of the present state of educational preparation for school nurses.
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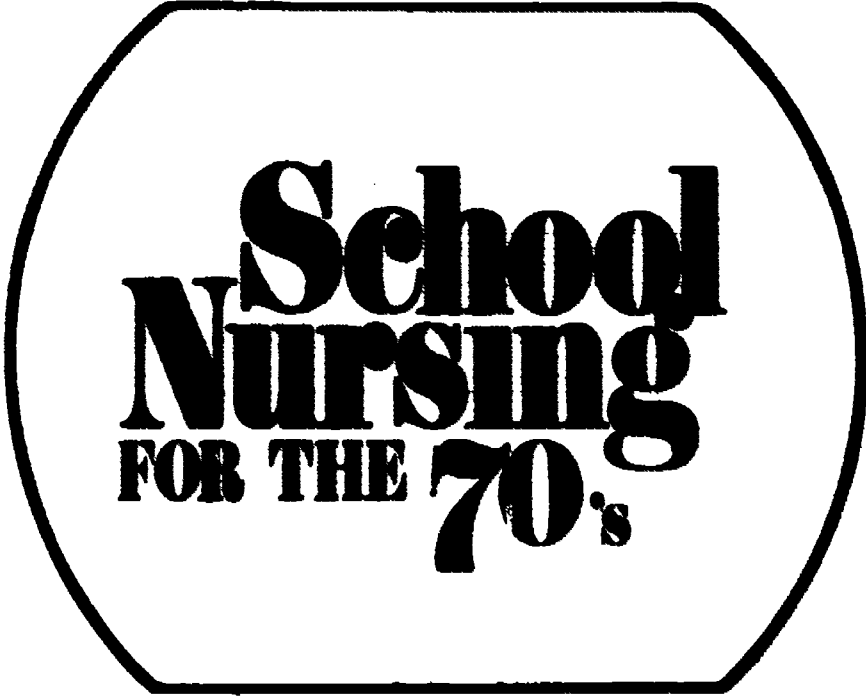
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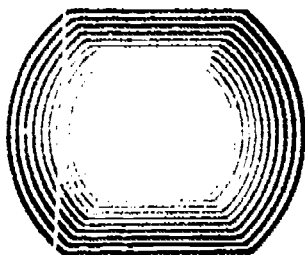
School Nursing FOR THE 70's

**AMERICAN ASSOCIATION FOR HEALTH
PHYSICAL EDUCATION AND RECREATION**

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Foreword

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The philosophy of AAHPER considers the total school health program through the School Health Division; this includes services to all personnel responsible for school health programs. The significance of the role of the school nurse in a comprehensive school health program is recognized through the extension of the following services:

A STRUCTURE to foster the professional activity and growth of school nurses through the National Council for School Nurses. This would provide opportunities for school nurses to work cooperatively with nursing, education, public health, and medical organizations; foster health programs in schools.

CONSULTANT services to school nurse members

INCLUSION of school nurse members in all health related activities of the School Health Division and the Association

EXTENSION of services by the professional AAHPER staff for conferences, conventions, publications, and program coordination and implementation.

Membership in the National Council for School Nurses is through the American Association for Health, Physical Education, and Recreation.

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Introduction

NURSING education and practice today are responding to exciting challenges. These challenges come from new insights into the learner and the learning process, new educational methods and systems, scientific and technological innovations, and changes in the focus of man's health problems. Added to these is the powerful but welcome force created by public demand for the quality and quantity of education and health care to which every citizen is entitled. In striving to meet these challenges, the nursing profession is making decisions on what is the essence of nursing (enduring and unchanging qualities) and what characteristics are accidental and therefore modified by society's shifting needs.

In such revolutionary times, many conflicting opinions and solutions can be expected. Diverse responses lead to stimulation and action or to confusion, fear, and inaction. Today, diverse responses characterize nursing as well as its field of specialization. In this period of scientific, social, and technical revolution, nursing has two tasks: (1) to identify the health care needs and associated social problems comprising its fields of specialization and (2) to develop the range of competencies required to carry out the practice of these special fields.

The special field of school nursing is representative of the ferment in professional self-identity and in the struggle to move and change with the times. In addition, school nursing has special problems which stem from its unique position within the

fields of health and education, both of which are experiencing a profound crisis.

It is in such a setting that the National Council for School Nurses offers statements and recommendations for action for the preparation of school nurses and raises questions and issues for consideration. While acknowledging that no one group can speak for an entire profession, the Council believes it should exercise its right and duty as a professional organization to examine the profession's educational system and standards of practice. Progress in the advancement of school nursing to meet the crises in education and health care will depend on the action taken by the specialists in school nursing and by the nursing profession as a whole.

Purposes of This Publication

This publication is directed toward school nurses, school administrators, nurse educators, and others concerned with the health of children and youth. The purposes of this publication are to state the Council's beliefs and recommendations about several key areas important for the preparation of school nurses and to raise questions about issues needing further study and discussion. To accomplish these objectives, this publication will present: (1) some basic premises, (2) forces influencing school nursing, (3) a brief description of nursing education as it is today with consideration of the future, and (4) a brief review of the present state of educational preparation for school nurses.

Premises

SEVERAL premises guided the Council:

1. *Good health is the right of every citizen. Good health is essential for the attainment of basic needs and for the release of energy to develop human potential.*

2. *Nursing fulfills a need in society. Nursing is one of the professions to which society has entrusted the responsibility for maintaining, promoting, and restoring the good health of every citizen.*

3. *Nursing is a profession. Those who qualify as professional nurses demonstrate in varying degrees the characteristics common to all professions. A profession:*

UTILIZES a body of knowledge which is on the intellectual level of higher learning

CONSTANTLY enlarges the body of knowledge it uses and improves its techniques of education and service by use of the scientific method

ENTRUSTS the education of its practitioners to institutions of higher learning

APPLIES its body of knowledge to practical services which are vital to human and social welfare

FUNCTIONS autonomously in the formulation of professional policy and in the control of professional activity

ATTRACTS individuals of intellectual and personal qualities who exalt

service above personal gain and who recognize their chosen occupation as a life work

STRIVES to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security

4. School nursing represents a special trust from society. School nurses have the responsibility for acting as a collective force on social-health issues which relate to children and youth

5. Many diverse groups must work together to meet society's need for good social-health experiences during the school years. The developmental processes unfolding during the preschool, school, and college years require help from understanding, perceptive people from diverse fields. The quality of health experiences depends on effective, coordinated efforts of these groups with children and youth, their families, the school, and the community.

6. School nursing is a dynamic, changing field. School nursing reflects varying social forces. It must be open to diverse and conflicting opinions coming from its own profession, general education, and society. Seeking answers to these conflicting opinions will lead to continuing self-improvement.

7. High standards of preparation and practice are essential for professional school nursing. School nurses must develop high standards of preparation and practice to fulfill

the expectations of the public and the nursing profession for qualified school nurses. Public respect and support are essential for school nurses to carry out effectively their work toward meeting:

HUMAN needs for good health

RESPONSIBILITY for the special needs of everyone involved in school life

COORDINATION with diverse groups represented in school life

INNOVATIONS essential to deal with changing needs.

8. School nursing has a belief in its own autonomy as a member of the nursing profession. Professional autonomy is earned by demonstrating activities directed toward well-defined and worthy purposes, including the right and obligation to be self-directing in defining educational goals and standards of practice. School nurses take a positive attitude toward the purposes of the nursing profession, toward being members of the profession, and toward being members of a special group within that profession. School nurses believe that their position demands a professional education composed of skills and knowledge relevant to their specialty and directed toward meeting social-health issues.

9. School nurses, because of their combined role in nursing and education, assume another allegiance, which is to the profession of education. School nurses have the challenge of synthesizing these two disciplines for the welfare of children and youth.

Forces Influencing School Nursing

THIS is an overview of selected issues affecting the health of people, especially those issues operating as forces for change in school nursing practices. These issues are classified into those relating to people needs and those relating to organizational problems.

People Needs

The rapid increase in population and the movement of people from rural areas to urban communities are overtaxing community services. Recent migration of middle and upper class white and black families from the city into suburbia has led to an overcrowding of suburban schools, while inner city schools are left to face a concentration of critical social, health, and educational problems. The mobility of families makes it extremely difficult for children and youth to receive continuity of education and health services.

Family structure and function are also undergoing changes. There are increased numbers of one-parent families, families where both parents are working, and families participating in communal living arrangements. The result is that whereas formerly the family was the prime socializer, this function is now shared with institutions, such as schools and day centers.

Research, too, has provided society with a different perspective of the cognitive capacities and social-intellectual development of young children. This has resulted in schools becoming increasingly interested in the health and education

of preschool children, not only for culturally different children but for children of all social strata. This requires the school nurse to have the knowledge, understanding, and skills to assess the health status and needs of young learners with the use of current diagnostic tools. An essential aspect of her responsibilities includes working closely with the parents of preschoolers of diverse socioeconomic backgrounds to strengthen the capacity of families to cope with health-illness experiences.

Research in the biological and physical sciences is constantly providing new findings of significance to school nursing practices. Even areas previously thought to be under control are posing new problems, such as bacteria resistant to antibiotics and the discovery of new strains of virus. Due to medical discoveries, certain congenital defects have been prevented by treating babies in utero. Investigations have been conducted on the repair of genetic defects. Research has opened vistas on learning difficulties based on new knowledge about neurological and sensory deficits of children who previously would have died in infancy. The school nurse must be abreast of such findings so she may incorporate them into her practice.

The following needs of young people have been identified by school nurses as critical issues facing them in their practice:

1. Abuse of alcohol and other drugs
2. Increasing teenage suicidal tendencies
3. Sexual behavior among teenagers

resulting in increased incidences of venereal disease and pregnancy

4. School dropouts

5. Increased incidences of severe emotional problems of younger children.

These issues greatly concern all school personnel—school administrators, pupil-personnel workers, and teachers. All of them have a right to expect that the school nurse make significant contributions to the solutions of these problems.

Rebellion of youth and confusion about values have increased conflicts between generations. Attempts of minority groups to seek identity have resulted in racial tension. The problems of the poor, regardless of race or ethnic origin, manifest themselves in special health and educational needs in the school. School nurses must continue to be aware of their position in these issues and act as spokesmen and advocates for all children and youth in their care.

Last but not least, there is the speeding up of life experiences which gives people less time to adjust to pressures. It therefore becomes the responsibility of the school personnel, including the school nurse, to teach children and youth to make choices that will counteract the mounting of such pressures.

Organizational Problems

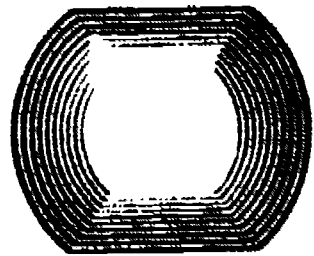
Although organizational problems are frequently caused by personality idiosyncrasies, many of them can be traced to the ecology of systems. Educational, health, welfare, and other community sys-

tems interface and influence each other. Housing is an example of a community system which is embedded in all the previously mentioned systems. One might rightfully ask how the school nurse is able to strengthen the healthy development of each child while carrying out the requirements of contradictory postulates of various systems.

The school nurse, too, finds herself working on many health problems in collaboration with an increasing number of disciplines involved in the treatment of social-health deficits. These situations require that the school nurse be able to seek and give consultation.

The emergence of the paraprofessional in school health systems has created another challenge for the school nurse. She is responsible for training and directing these workers. Even more important, she has to establish a meaningful relationship of give and take between herself and the paraprofessionals with the aim of strengthening the caring quality of all levels of practice.

Because of these developments, the school nurse now finds she is faced with a triple role—as an administrator of direct care to individual youngsters and to groups, as a leader of a paraprofessional group, and as a member of a professional interdisciplinary team.



Nursing Education

AT the conclusion of its two-year study in 1970, the National Commission for the Study of Nursing and Nursing Education described nursing education as one of the four key, controversial areas in American nursing today. The other key issues are the continuing disparity between supply and demand in nursing, the changing roles and functions of nursing practice, and the difficulties of making nursing a satisfying lifetime career.⁴ This brief review examines four of the most controversial aspects of the issue of nursing education.

One of the most perplexing features of nursing education is its heritage of a wide variety of programs preparing nurses for licensure. These programs vary from one and one-half to five years. Each accords the same licensure as a registered nurse, but the accompanying award may be a diploma, an associate degree, a bachelor's degree, or even a master's degree. The teaching institution may be a hospital school, a junior college, or a college or university. Although a 1961 statement by the National League for Nursing clarified the different goals of each of these programs and defined the levels of practice for which graduates from each of the programs are prepared, considerable confusion exists in the mind of the public and of many nurses as to the purposes for which each of the programs is designed.⁵

In 1965 the American Nurses' Association issued a strongly worded position paper which proposed that all education for those licensed to

practice nursing take place in institutions of higher learning within the general system of education.* This document also proposed classification of nursing into only two distinct types of practice - professional* and technical* - and took a position on the institutional patterns for preparing each of these types. It was recommended that the minimum preparation for beginning professional nursing practice be a baccalaureate degree education in nursing and the minimum preparation for beginning technical nursing practice be an associate degree education in nursing. The single purpose hospital system of nursing preparation would eventually be phased out and only two collegiate levels - associate and baccalaureate - would comprise the future pattern of nursing education.

Although a trend toward a reduction in the number of hospital schools of nursing with a corresponding increase in the number of collegiate programs had already begun before the position paper appeared, this movement has been accelerated since 1965. Another force assisting this effort has been the increasing public support of expectations for a norm of 14 years of formal education and the consequent increase in associate degree programs in technical nursing.

A second feature of nursing education causing difficulty today is limited articulation among the various kinds of preparatory nursing programs. A graduate of a hospital school or of an associate degree program finds great difficulty in transferring to a baccalaureate pro-

gram. The same holds true of graduates of nonnursing programs who wish to enter nursing without starting over for a second time. These institutions need to coordinate their planning to facilitate career mobility and personal development. The National Committee for Study of Nursing and Nursing Education has recommended that schools develop model curriculums nationally which recognize the right of every individual to pursue open-ended education with access to further educational opportunities.⁷ Related to this is the need to develop new, individualized approaches to admission and retention of nursing students.

A third feature of nursing education today is designing programs and curricula which will prepare nurses for their changing roles and functions in emerging types of health care delivery. There is an increasing search for a more clearly defined and organized body of specialized nursing knowledge and an enlargement of the content and practice which comprises nursing specialization. There is also a search to identify nursing as a social force that has an impact on developing health plans, programs, and policies.⁸ The Commission on Nursing Education has recommended that graduate study be concerned primarily with the practice of nursing and the development of an increasingly proficient clinician who has knowledge of the social system in which nursing is practiced.⁹

Finally, the recently published report of the National Commission for the Study of Nursing and Nursing Education offers recommenda-

*See glossary

tions which will have a profound impact on the programs and curricula which nursing education will develop. Perhaps the most controversial recommendation is the development of two related but differing nursing career patterns: one pattern (episodic) would emphasize a curative and restorative nursing practice that is generally acute or chronic and usually provided at a hospital or in-patient facility; the other pattern (dis'ributive) would emphasize health maintenance and disease prevention that is generally continuous in nature, seldom acute, and most frequently operative in the community or in newly-developing institutions.¹⁰

This brief review of some of the controversial features of nursing education has discussed what Barber¹¹ and Reinkemeyer¹² characterize as typical behavior and paradoxes of an occupation moving toward acceptance as a profession:

Its members are not homogenous with respect to the amount of knowledge and community orientation they possess. The paradox in nursing is that while nursing leaders are strongly advocating the movement of nursing education into the mainstream of general education, the majority of nurses are still being prepared in single-purpose diploma programs outside institutions of higher learning.

Its members are not committed as a group to the concept of its discipline as a "learned" profession worthy of being an academic subject in higher education.

Rogers describes the paradox of nurses with higher degrees who are engaged in programs requiring graduate level knowledge of nursing but whose backgrounds have no nursing

preparation higher than a diploma from a hospital school of nursing; or those who have "only a nominal commitment to nursing and who place a high value on being identified with a field that is not nursing."¹³ To attack this attitude of low self-worth, the profession moves to identify the essence of its practice for depth of specialization as evidenced by the present emphasis on nursing as the content of graduate study.

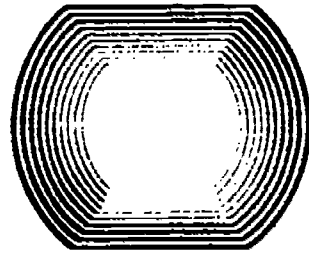
Its members are not united in accepting the intellectual and innovative contributions and changes which come with professional behavior. The paradox exists in nursing of a subtle negative reception in some service settings to university graduates who, in the first place, were actively recruited for their degrees.¹⁴ To offset this, the profession begins to differentiate sharply, rather than to blur, between those prepared in different systems of education, as exemplified by the controversial position paper on professional and technical nursing.

There is a lag between what the profession believes about its "professional" services and standards and what the public, or the organizations employing the profession, accepts. The paradox in nursing is that while a high standard of professional nursing is now available to the public and to organizations for employment in key positions as clinical specialists or administrators, there is a "minimum-impact" level due to the levelling down process described above because of the lack of consensus within the profession.¹⁵ The profession then seeks to establish measures and

titles which symbolize actually realized standards of performance which will be understood and respected by the public and by employing organizations. The present move toward an Academy of Nursing and certification of superior performance under such titles as "master clinician" or "nurse practitioner" may be one indicator that nursing is beginning to bridge the gap between its public image and its own professional image.

The National Commission points out that the following current nursing trends will influence all future patterns of nursing education and practice:

1. Levels of nursing practice are becoming more diversified.
2. The clinical specialist is emerging as a new professional.
3. The reciprocal roles of nurses and physicians are undergoing basic changes.¹²



Role of School Nurses

SCHOOL nursing is faced with the same behaviors and paradoxes which mark the emerging nursing profession: an increasingly complex field requiring knowledge and skills best learned in institutions of higher learning, a nonhomogenous membership, and the necessity to evaluate critically its service impact on the public and on the school organization. An examination of the broadening and changing role and functions of school nurses and of present issues of preparation and certification reveals this similarity.

Society utilizes a large segment of the nursing profession to promote and maintain the health of children and youth and to produce health-educated young adults. To implement these goals, school nurses must assume a multifaceted role which focuses on this special population and on integration between education and health.

Fricke points out:

Just as any good mechanic must know his engine, so must every school nurse be familiar with growth and development of children if she is to promote health most effectively. This implies a depth of knowledge important to understanding and appropriate action. That special feeling for and understanding of the objectives of education are essential to the school nurse. Only then does she gain that fine sense of discrimination which enables her to blend skillfully her knowledge of health and education in such a manner so as to serve most effectively child health needs and further educational goals.¹

The National Council for School Nurses defines the school nurse's role as one of leadership in devel-

oping, implementing, and interpreting the school health program, with requirements that the school nurse be:

- A member of the school health team
- A health specialist
- A health consultant
- A teacher
- A counselor
- An active participant in curriculum design, in faculty affairs, and in professional activities
- An interpreter and liaison between education and medicine, and between the school and the home.²

Recent literature indicates that the school nurse must also be:

- A family-centered worker
- A mental health worker
- A nursing team leader
- A participant in community health planning
- A potential experimenter in delivery of health services
- A user of epidemiological techniques for assessment of problems of a school population
- A first-rate wellness* clinician

*See glossary

with expertise in nursing children of specific age groups within family and community patterns of living

- A school nurse practitioner who is a provider of primary and ongoing health care in the school setting.^{3,4,5,6,7}

The multifaceted role of the school nurse indicates that she should have her responsibilities extended, be considered a professional, and have the authority to make independent decisions.

Based on Stolor's 1961 preliminary study of content of preparation for school nursing,⁸ Florentine in 1962 developed five guidelines of responsibilities for the school nurse:

- Applies concepts of human growth, development, and behavior in the milieu of the school health program
- Recognizes and deals with developmental and health needs of students, especially in relation to those areas of prevention, detection, and treatment which necessarily influence educational programming
- Uses existing community services for children and youth and spearheads the development of additional services when indicated by the needs of the school health program
- Comprehends the nature of the educational setting in which the school nurse works
- Selects and uses processes appropriate to the roles assumed by the school nurse.⁹

In 1966 the American Nurses' Association defined the major prob-

lem-solving functions of the school nurse: assessing, planning, implementing, evaluating, and study and research.¹⁷

Ford and Fredlund suggest that examination of the determinants of the role of the school nurse be directed toward understanding the relationships implied in the role. Ford cited the problem of fulfilling the relationship of nursing to the mission of the school,¹⁸ and Fredlund described functions in terms of the skills required to manage six complex relationships inherent in the multifaceted role. These relationships are:

- Child-family - nurse
- School health team - nurse
- Teacher - nurse
- Curriculum committee - nurse
- Administrator - nurse
- Community - nurse.¹⁹

Functions which are more specific to the mental health facet of her role were described as interventions which will "make a difference" for the school child during vulnerable moments and situations affecting emotional health.²⁰

Functions which are specific to her new role as school nurse practitioner indicate a deepening responsibility for evaluative procedures such as securing complete pediatric histories, administering basic physical examinations and a variety of special diagnostic procedures, identifying factors that may be producing learning disorders, as-

sessing childhood illnesses, and handling emergencies.²¹

What should be the preparation of school nurses for this broadening, multifaceted role? Recent answers to this question by leaders in school nursing have increasingly emphasized the acceptance of guidelines offered by the nursing profession itself: (1) that the baccalaureate program prepare nurses for general professional nursing, the master's program for specialization and (2) that education for those who work in nursing, regardless of the level, should take place in institutions of higher learning. The question of preparation, therefore, needs to be answered in terms of whether school nursing is general or specialized. A corollary to this question is: What kind of nurse do schools need?

Schools need nurses who can contribute a maximum impact as a social-health force because they can work within a complex school system as skilled clinicians and knowledgeable educators on an equal professional level with administrators, educators, and specialized personnel. As Stobo points out:

Formerly, the classroom teacher, the parent, the school physician, and the principal were the primary individuals with whom the nurse worked. Today, she is expected to make judgments and professional decisions which she shares with guidance counselors, psychologists, school social workers, speech and reading consultants, and specialized training personnel who instruct emotionally disturbed or retarded children as well as those who are visually, auditorially, or neurologically handicapped.²²

Schools also need nurses with knowledge of scientific methods for

appraisal of health needs of target populations in the school and the community in relation to the critical health and social problems facing children, youth, and their parents. These problems include smoking, alcohol, drug abuse, venereal disease, teenage pregnancies, family life education, and mental health.²²

In fact, Ford points out that schools need nurses who are expert clinicians and scientifically-oriented observers of population groups:

In essence, these two types of practitioners in health programs put nursing in the forefront in caring for school age children because combinations of epidemiological study and clinical experience blend and lend themselves to generalizing from clinical orientations to program planning for health and give substance and direction to preventive nursing. This combination would be a powerful force in influencing curricula, promoting a healthy school and community environment, fostering multidisciplinary teamwork and affording myriads of opportunities for research.²³

It is increasingly evident that preparation for this kind of professional nurse is graduate education. Building on preparation for general professional nursing, the school nurse specialist needs to acquire additional depth or new content in such broad areas as:

1. Knowledge regarding: children and youth and their physio-psychosocial world; the institutional setting of the school environment, both as a closed system and as an open system in relation to other systems within the community; and the particular fields of education and learning

2. Skills in: working as a master nurse clinician* with children and their parents individually or in groups; synthesizing the goals of health and education; developing collaborative relationships within and outside the school; and teaching and curriculum building

3. An orientation to: inquiry; questioning the status quo; epidemiological and demographic methods; and other study research tools and resources.

The curriculum required to prepare school nurse specialists needs to be a mixture of (1) commonalities of clinical content and skills from various nursing specialties, (2) a common core of content required for interdisciplinary collaboration with representatives of the various professions working in the schools, and (3) special content from the physical and behavioral sciences, education, and the medical and public health sciences. Unfortunately, few schools offer this kind of graduate program.

Although a baccalaureate education provides a sound foundation for school nursing, it rarely provides clinical experiences in school settings. Even more limited, however, is the technical preparation offered by associate degree and diploma school programs. To offset the shortage of prepared school nurses, there is a growing trend to employ nurses of varying backgrounds or to use school nurse assistants.²⁴ Another newly developing program is designed to pre-

*See glossary

pare pediatric or school nurse practitioners.*

A final point in this review is the trend toward school nurse certification. It represents a movement toward shared responsibility between two professions for the quality of preparation. This trend shows the complexities inherent in the position because of the school nurses' necessity to meet the standards of both professions. The American Nurses' Association states: "The school nurse is classified as a member of the professional staff. As a result, she is affected by an action to advance standards on the part of the National Education Association or its National Commission on Teacher Education and Professional Standards."⁶

At a workshop for school nurse leaders, Tipple pointed out how the responsibility for establishing and maintaining standards for professional preparation and practice is a shared one. Every profession has an obligation to maintain standards of professional practice for its members. Nurses, through the proposed Academy of Nursing, are working toward certifying members of the profession who have attained advanced levels of clinical expertise in a particular field of professional practice. This would be known as professional certification and would give formal recognition to the superior school nurse.

Tipple cited that some colleges and universities have met these standards by developing programs at the baccalaureate and graduate levels. Approval of such programs by the profession or the state edu-

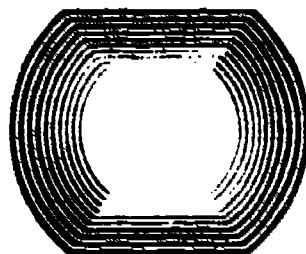
cation department is known as accreditation. Students successfully completing such a program receive a degree. This is known as academic certification.

At the state level, the commissioner of education is responsible for establishing minimum standards of preparation for all professional personnel in the schools. In her remarks, Tipple noted that there is an increasing practice to include members of each profession in planning the certification standards. When personnel have met these standards, they receive an official, legal certification statement. The processing of credentials and issuing of certificates usually rests with the division of teacher education and certification in the state education department.

Local school district administrators share the responsibility of maintaining standards by employing only persons holding valid certificates. Tipple concluded that "Every professional person has an obligation to obtain the necessary preparation for professional practice. Among the criteria of professional behavior is competent practice based upon appropriate preparation. No professional nurse will knowingly accept employment in an area of specialty practice for which she is not prepared."⁷ This philosophy on certification has also been substantiated by the National Commission on Teacher Education and Professional Standards.⁸

The role of the school nurse is increasing in scope and depth. Out of this will emerge levels of diversified practice and new types of clinical specialists. While the trend is to require professional school nurses

to have a graduate degree and certification by the state education department. Little has been offered in the graduate curriculum to prepare them adequately. In addition, only a minimal introduction to school nursing as a wellness area of nursing has been provided in most baccalaureate programs. Future programs must deal with these unique educational needs and with the issues of inevitable change which face all who work as advocates for children and youth. "Role change for nurses in school settings is inevitable; it is no longer a question of if but when? No longer a question of why but which direction? No longer a question of who but who *all* will be involved in the changing."¹²



School Nursing Education

SELECTION AS A CAREER

Beliefs

1. School nursing compares favorably with other areas of nursing as an exciting and challenging life career.

2. School nursing attracts individuals who perceive the value of a career in distributive nursing practice.* Such nursing practice emphasizes health maintenance and disease prevention, is continuous in nature, seldom acute, and takes place in community and institutional settings such as day centers, schools, and colleges.

3. Young nurses will choose school nursing as a career if they believe it will permit them to use their competencies as skilled clinicians and educators.

4. School nursing attracts those who believe that nursing contributes to the potential of children and youth.

5. Nurses who desire the personal satisfaction of observing the results of their services to young people over an extended period of time will select school nursing as a professional career.

*See glossary

Recommendations

1. Students desiring to enter school nursing must meet high standards of health and intelligence, have potential for academic achievement, be emotionally stable, have the ability to relate positively to children and youth, and be able to work and cooperate effectively with others.

2. Criteria for the model school nurse should be arrived at jointly between nurse educators and school nurses.

3. There should be joint responsibility by nurse educators and school nurses to identify talented persons in lower job classifications who display outstanding motivation, competence, and intelligence suitable for a career in school nursing. Joint responsibilities also should include assistance to these talented persons to achieve the necessary preparation and employment as school nurses.

4. Responsibility for administering policies for selection, admission, and retention of students of school nursing should remain with the educational institution.

5. Within the school system, there should be a school nurse responsible for administering policies for selection, admission, and retention of school nurses.

6. In organizations where there is no school nurse employed, nursing consultation should be available at local or state level to school administrators responsible for selection of the school nurse.

7. An intensive effort should be made to identify, recruit, and prepare school nurses with leadership qualities: high capabilities in the areas of initiative, public relations, and communication (especially the ability to relate warmly with children and youth, and their parents and teachers).

8. Institutions employing school nurses should establish strong, clear channels for disseminating information about school nursing so that nurses in the community can be informed of job opportunities and placements.

9. Institutions preparing nurses for practice should include either positive information about school nursing or clinical experiences in school nursing.

10. In addition to meeting the criteria for selection into school nursing, there should be a continuous evaluation process of school nurses in terms of their personal qualifications, academic ability, and performance. All states should provide a system of school nurse supervision to administer the evaluations.

11. School counselors and employers should be provided with accurate information about the professional preparation required for school nursing as a career.

Questions and Issues

1. What are the most effective ways to attract to school nursing professionally and academically qualified persons interested in service to students, their families, and the school?

2. What qualities must a school nurse possess to ensure her success in an educational community setting? How can these qualities be assessed?

3. What criteria can be established to determine the potential success of a candidate for school nursing?

4. How can potential candidates for school nursing be helped to understand those qualities essential for successful practice in school nursing?

5. What responsibility does the school nurse have in advising young people to enter nursing with a future goal toward practice as a school nurse?

6. In what ways will nursing schools' open admission policies for disadvantaged students affect the present criteria for selection of nurses for employment in school systems? What contributions can nurse faculty and school nurses make to assist disadvantaged students to strengthen their potential for self-development?

7. How can representation of school nurses be assured on local, state, and federal agencies planning health services for children and youth so that financial support and recognition be given to school nurses?

8. How can professional health organizations, including those in nursing, take responsibility for interpreting the characteristics of progressive school nursing to the public?

9. How can the financial rewards of school nursing be standardized according to levels of preparation and practice so that school nursing can represent an attractive career goal?

PREPARATORY EDUCATION

Beliefs

1. The primary aim of nursing education is to provide an environment which enhances students' intellectual initiative, increases their ability to think logically, and facilitates the acquisition of knowledge, skills, and attitudes essential for competent and humane nursing.

2. Nursing education is organized so as to affect the student's total being, including attitudes about caring for people.

3. Professional nursing education takes place in institutions of higher learning.

4. Nursing faculty of schools preparing professional nurses should meet academic standards of faculty teaching in institutions of higher learning.

5. The curriculum of professional nursing schools is the product of the combined efforts of the nursing faculty and the faculty from other schools of the university or college (e.g., the schools of physical and behavioral sciences, humanities, education, and medical and public health sciences).

6. Nursing education reaches its ultimate aim when recent research findings are incorporated into the nursing curriculum.*

7. The level of educational preparation of the school nurse influences her pattern of practice.

8. School nursing as a specialty requires a graduate level education.

9. The prerequisite for graduate studies for school nursing specialization is a baccalaureate degree in nursing.

10. The school nurse who is prepared through a graduate program may function in any of the following roles: skilled clinician for children and youth, consultant, developer of potentials of other school nurses, evaluator of current practices, and developer of expanding or new roles.

11. The expert practicing school nurse functions as the model for students preparing for school nursing as a specialty.

12. The baccalaureate-prepared school nurse functions at the staff level.

13. The nurse from a technical nursing program is unprepared to perform independent school nurse functions.

Recommendations

1. School nurses interested in extending their academic education toward the completion of a baccalaureate degree in nursing should consult with a university or college

accredited by the National League of Nursing.†

2. The graduate program for the school nurse should build on relevant knowledge, attitudes, and skills acquired through previous education and work experience.

3. Graduate study in school nursing should include components from various fields—physical and social sciences, nursing, education, and medical and public health sciences.

4. The program's major component should be nursing.

5. The content should be organized into a planned program of studies and related clinical nursing experiences, and include:

a) Knowledge about human development and behavior, especially the physiological, psychological, and sociological world of children and youth

b) Teaching-learning processes and their effect on the development of attitudes and behavior

c) Synthesis of educational and health goals

d) Structure and function of school systems and their relationship to other community systems

e) Testing of research findings.⁴⁰

†A list of accredited universities and colleges may be obtained by writing to the National League for Nursing, 10 Columbus Circle, New York, N.Y. 10019.

6. The curriculum should provide an opportunity to:

a) Synthesize concepts and test their impact on nursing care measures for children and youth, their families, and other persons in the school and community

b) Gain an understanding of the complexities of school health programs, especially their interrelation to school systems and community health and welfare systems

c) Work individually and collaboratively with members of various intra/interdisciplinary teams

d) Utilize methods to assess the health status and needs of a school population and to plan and evaluate school health programs and nursing activities based on these assessments.

7. As students enter with varying backgrounds of experience and education, a precise allocation of courses and credits in specified components should be avoided; programs should be flexible and give consideration to individual differences.

8. In developing the curriculum for school nurse specialists, colleges and universities should consult guidelines developed by professional organizations and utilize school nurse leaders as consultants.

9. Colleges and universities should give high priority to obtaining fac-

ulty members whose background includes successful school nursing experience.

10. Continuing education of graduate programs in school nursing should be established to ensure that the programs meet the changing and emerging health needs of children and youth.

11. Graduates of the program and practicing school nurse leaders should be an integral part of any evaluation of programs for the preparation of school nurses.

12. Baccalaureate nursing programs should provide an opportunity for students interested in distributive nursing to have clinical experiences in schools so they will be prepared to function as school nurses.

13. The practicing school nurse should serve as a force to bring education and service together to plan jointly for programs preparing students for staff and graduate level school nursing.

Questions and Issues

1. What kinds of curricula for the health professions may be designated as core universals (subjects that all health professionals should know) or as alternatives (specialties that relate to one profession)? How can articulation be established between these two types of curricula so that varying kinds of baccalaureate programs may be accepted as basic preparation for graduate preparation in school nursing?⁴¹

2. What guidelines should be used to select curriculum content? What

depth and breadth are needed for specialization in school nursing?

3. How can faculty from various disciplines involved in preparation for specialization in school nursing plan and implement an integrated and meaningful curriculum?

4. How are students assisted to synthesize content from education, health, and physical and social sciences in providing nursing care to youth and children?

5. What preparation will enable school nurses to develop collaborative relationships with teachers, school administrators, special service staff, and emerging master clinicians in nursing and other types of health workers such as the physician's assistant?

6. How can the competence of the graduate student specializing in school nursing be evaluated?

7. How can faculty work most productively with the health and educational personnel of the school to implement the school nurse's educational preparation?

8. What is the role of the practicing school nurse working cooperatively with faculty for preparation of the school nurse?

CONTINUING EDUCATION

Beliefs

1. Continuing education is a career-long process essential for pro-

fessional growth and competent practice.

2. In-service education is administered by employers to upgrade employees' skills or knowledge and should not be confused with continuing education.

3. Educational nursing programs must stress the professional responsibility of their graduates to continue learning.

4. Professional growth is achieved in a variety of ways, including, but not limited to, formal studies.

5. School nurses and faculty of school nursing should be aware of new findings in nursing, education, health, and related sciences.

6. Although the primary responsibility for continuing development rests with the school nurse, the employing agency should support her efforts in this regard.

7. Colleges and universities, including schools of nursing, have the responsibility to provide a variety of educational offerings, including extension courses for the continuing development of school nurses.

8. The school nurse's professional development is dependent on an intellectually stimulating work environment which allows her to use her competencies in a colleague relationship with teachers and other school personnel.

Recommendations

1. Close coordination and cooperation should be established

among school districts, colleges and universities, professional organizations, and school nurses to assure the offerings of various continuing education programs at appropriate locations and times.

2. Educational offerings should be examined to distinguish between those which are continuing education and those which meet qualifications for academic credit.

3. Policies should be established to allow for time and/or financial assistance for educational activities such as workshops, professional meetings, and institutes.

4. Systematic plans and policies for sabbatical leave with pay should be available to enable the school nurse to study full-time during the summer or academic year.

5. Master planning committees should be established at state or regional levels for cooperative planning and implementation of continuing education programs and for establishment of channels for federal grants to support the programs.

6. Every employee in a school health program should be advised of health career opportunities inherent in his position which can be achieved through continuing education.

7. Careful evaluation should be made of previous education, independent study, and continuing educational experiences for the purpose of granting credit toward the baccalaureate degree.

Questions and Issues

1. What working conditions, including workload, promote professional growth?

2. How can collegiate schools of nursing extend their programs of continuing education to the school nurse living a great distance from the university?

3. How can achievements that are attained through continuing education be evaluated most effectively and be recognized most appropriately?

4. How can the content of graduate courses be opened up to non-matriculating school nurses whose practice requires in-depth study in such areas as human growth and development, the exceptional child, the sociology of sociocultural differences, curriculum development, communications, and health education?

5. How can the services of the nursing and education faculties be utilized for the mutual continuing professional development of nurses and educators and for the evaluation and improvement of educational programs preparing school nurses?

6. How can schools of nursing in state-supported institutions of higher learning initiate measures for increased financial support to meet the needs of continuing education for school nurses?

7. How can school nurses prepare themselves to work with master nurse clinicians?

REGULATION OF STANDARDS

Beliefs

1. The school nurse must hold a license to practice nursing and to meet certification requirements in the state where she is employed.

2. There should be periodic review of each registered nurse's licensure as a prerequisite for license renewal.

3. The processing of credentials and the issuance of certificates should rest with the division of teacher education and certification in the state education department.

4. School nurses should be included in establishing certification standards.

5. Certification should be flexible.

6. In an effort to insure quality school nursing practice, certification is advisable.

7. Licensing rules and regulations for the practice of nursing need revision to provide for multiple licensing for various levels of present and emerging nursing practice.

Recommendations

1. Certification requirements for school nursing practice should be established jointly by school nurses and representatives from nursing and education.

2. Alternate requirements for meeting certification should be established to allow for individual-

ization of study programs and curriculum experimentation.

3. States with no school nurse certification requirements should initiate plans for their formulation.

4. Nurse licensing practices should be reviewed periodically in every state.

5. The Nurse Practice Act in every state should be reviewed for its relevance to the expanding role of nursing.

Questions and Issues

1. Can regulation of certification standards be developed which will assure a commitment to excellence for school nursing practice? Is it possible to set up uniform certification standards for all states?

2. How can regulations of standards be developed to differentiate emerging levels of school nursing practice?

3. How can guidelines be developed which will evaluate performance in school nursing practice?

4. What is consumer's responsibility in insuring adequate controls for protecting the public from unqualified or incompetent practitioners?

Conclusion

IT is the hope of the National Council for School Nurses that the ideas presented in this publication will stimulate school nurses and members of the nursing profession to work jointly with persons from the school and the community in a continuing search for progressive school health practices. Such practices need to be attuned to the evolving social conditions and attitudes. Only then will school nursing maximize its potential effectiveness. As Esther Lucille Brown points out: "If nursing is to maximize its potential effectiveness, therefore, it needs greater knowledge than it has had in the past of how to predict social trends early, and greater skill in planning in alliance, rather than at variance, with these trends as they appear."⁴²

GLOSSARY

DISTRIBUTIVE CARE. That area of concentration in nursing practice which emphasizes prevention of disease and maintenance of health and is largely directed toward continuous care of persons not confined to health care institutions (National Commission for the Study of Nursing and Nursing Education). Examples of distributive nursing practices are occupational health nursing, public health nursing, and school nursing.

MASTER NURSE CLINICIAN. Advanced level of practice attained through clinical experience, additional study, and designation by an Academy of Nursing (or other group empowered to do so) which involves the demonstrated ability to make significant contributions to patients' care through independent nursing judgments and scientifically based participation in the patients' therapeutic regimen (National Commission for the Study of Nursing and Nursing Education).

PEDIATRIC NURSE PRACTITIONER. Advanced level of practice attained through a planned program of short-term continuing education for expansion of skills in the area of ambulatory child health. This title is used interchangeably with PEDIATRIC NURSE ASSOCIATE (American Nurses' Association and American Academy of Pediatrics).

PROFESSIONAL NURSING. Level of practice requiring critical, independent judgments about people and their health as a baseline for performing the care, cure, and coordinative aspects of clinical nursing as well as for teaching, supervising, directing, and evaluating the nursing practice itself. It is recommended that the minimum preparation for beginning professional nursing practice should be a baccalaureate degree education in nursing (American Nurses' Association).

SCHOOL NURSE PRACTITIONER. Graduate of a post-baccalaureate program in the nursing care of school-aged children and youth; this program includes clinical experiences in the school setting with special emphasis on specific health and learning problems of school-aged children and youth.

SCHOOL NURSE SPECIALIST. Graduate of a baccalaureate program in nursing who has attained expertise in providing nursing care to children and youth in school. This expertise has been achieved through clinical experience and graduate study in school nursing.

TECHNICAL NURSING. Level of practice requiring skill in carrying out nursing measures and medically delegated techniques with supervision. It is recommended that the minimum preparation for beginning technical nursing practice should be an associate degree education in nursing (American Nurses' Association).

WELLNESS. That aspect of health which pertains to the well-being of people, as opposed to ill health and disease.

FOOTNOTES

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²²Fredlund, "The Route to Effective School Nursing," p. 25.

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